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A Review on Effect of Strech Marking in Pregnancy

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Abstract:

The writing documented may stretch therapy method chemical peels are among the markings (glycolic acid), Tretinoin topical cream, silicon sheets, radio frequency, phototherapy and microdermabrasion lasers, ultraviolet A and B. The risk factors of endocrine metabolic disorders include obesity, pregnancy, fast weight, gain or decrease, aldonsent development, and extended use of corticosteroids. There is sufficient proof that diet and exercise can't stop SG. Centella cream a medicinal herb, many work to prevent SG and lesson their severity. In a randomised double-blind placebo controlled trial 183 women are included. Weak date suggest that massaging with almond oil may prevent SG and lesser it's severity. Other research mentioned here have suggested that using emollient/ cream and may prevent to SG. There is very flimsy that hyaluronic acid lotion like verum and Alphastria can stop SG. According to studies olive oil is ineffective for SG and SG severity reduction.

Keywords: Aldonsent development, Stretching therapy, Hyaluronic acid lotion, Endocrine metabolic disorders, Corticosteroids.

INTRODUCTION

Common linear arophic dermatos include stretch marks. They have psychosocial effects that reduce a patient's quality of life due to their non – esthetic character. Women that effect twice as often as men and Caucasian are more likely to be affected. Additionally it is frequently seen during pregnancy. Affecting roughly 75% of expectant mothers, and throughout adolescence, affecting roughly 30% of people in this age group globally.^[1] the causes linked to the development of stretch marks include obesity, pregnancy, quick weight gain or loss , aldonsent growth, endocrine metabolic disorders, and extended use of corticosteroids. But the ethological process is not completely understood.^[2] linear arophic dermatoses like stretch are quite common. They have

psychosocial ramifications because of their lack of aesthetic value, which causes a quality of life of suffer. The frequency is double as high. Women that in men, and it happen more frequently in Caucasian. Furthermore, it is frequently seen throughout. 30% of people experience puberty. At this age group globally and pregnant, approximately 75% of pregnant women are affected.^[3] in terms of aesthetic, altering the look of stretch marks is crucial for people's self esteem and sufficient social interaction even though they are not life threatening. Stretch marks, however pose difficulties in therapeutic treatment, particularly in with regards to existence of Stria alba. The writing documented may stretching therapy method chemical peels are among the markings (glycolic acid), Tretinoin topical cream, silicon sheets, radio frequency, phototherapy, and microdermabrasion lasers, ultraviolet A and B.^[4]

RISK FACTORS

The risk factors for endocrine metabolic disorders include obesity, pregnancy, fast weight gain or decrease, adolescent development, and extended use of corticosteroids. Variables that contribute to the emergence of stretch marks. But the etiological process is not entirely understood. Less invasive techniques like laser have produced positive results in this situation. In other words, they have reduced the striae rubras excessive vascularization and increased the striae alba's Collagen and elastic production. Predicting SG development allow for the initiation of preventive therapies or lifestyle changes, which is crucial components of SG prevention. Findings risk variables is essential to achieving this objective, but it is still difficult to identify those that are constantly linked to development of SG.^[5-14]

LIFESTYLE PREVENTION

There is sufficient proof that diet and exercise can stop SG. Weight gain during pregnancy and an elevated maternal BMI may be linked to the development of SG. In light of this, SG prevention of may be aided by a good diet and constant exercise. In fact, some doctors assert that stretching workout like aerobics may be helpful in this area. The effectiveness of lifestyle changes in preventing SG or lessening it's severity during pregnancy, however, is not well supported by the available research. In a study of 80 non pregnant women, 79 of whom had SD, a 3 month weight loss programmed did not lessen the severity of lessons, regardless of the intervention (diet alone, diet plus aerobic activity, or diet plus resistance exercise).^[15,16]

HERBS USED TO PREVENT OR DECREASE STRETCH MARKS

- Centella- centella creams , a medicinal herbs, may work well to prevent SG and lesson their severity. Centella- unique function in SG prevention need more research because it is frequently coupled with other substances. South Asian plant centella asiatica, also reffered to centella, as been examined for its potential to cure eczema, venous stasis ulcer, leprosy, and lupus.^[17] A tochoperol, collagen elastin hydrolysate and centella extract are all ingredients of the patent product troflastin. Centella triterpenes are an ingredient in another

proprietary product that is combined with rosehip oil, vitamin E, hydroxyprolisilane – C in a cream centella exact mode of action is unknown, however it may activate fibroblast and reduces glucocorticoid activity.^[18,19] the tensile strength of scars is increased and wounds healing is hastened through topical treatment. Centella might help SG in a similar way since lesion show histological and clinical characteristics that are comparable to those of scars.^[20] demonstrate that daily massage Trofolastin cream to the abdomen, breast, buttocks, hips from the 12th week of pregnancy until delivery will associated with a lower incidence of SG in randomized, double blind, placebo controlled experiment involving 80 women.^[21] in a randomised double-blind placebo controlled trials, 183 women are included. Beginning of 12th week of pregnancy, they applied a cream containing centella titerpines twice daily on breast, thighs, hips, buttocks.^[22]

- Almond oil – weak data suggest that massaging with almond oil may help prevent SG and lesser it's severity. Other almond hioil containing products haven't demonstrate a comparable advantage. Oils are hydrating and message may stimulate the flow of blood to skin.^[23] further research is required to determine whether the product is more advantageous for reducing the SG because bitter almond oil alone was ineffective and message was not alone investigate. Other research mentioned here have suggested that using emollient/cream and massage to prevent SG may be helpful.^[24]

- Hyaluronic acid – there is very flimsy proof that hyaluronic acid lotion like verum and Alphastria can stop SG. Hyaluronic acid, allantoin, vitamin A, vitamin E, calcium pantothenate are all included in patent cream known as Alphastria. Another branded cream, verum, contains methanol, hyaluronic acid, essential fatty acids, pantethanol, vitamin E and essential fatty acids, hyaluronic acid, which is both product active component and is thought to increase tensile resistance to mechanical stress. Hyaluronic acid containing substance may prevent SG during pregnancy. According to small studies, De Buman et al demonstrate that Alphastria cream decrease the incidence of SG, compared with placebo(three of 30 Vs 11 of 30 patients, respectively), in a double blind research including pregnant women.^[25]

- Tretinoin – Tretinoin has the potential to lessen how severe Erymanthus SG is. Due to the fact that Tretinoin is a category C pregnancy medicine, patients should postpone using it until after giving birth or after lactation. Topical Tretinoin increase the activity of dermal fibroblasts, Which helps to partially restore decrease collagen formation in phototoaget skin. Topical Tretinoin has been investigated for the treatment of SG since damage of structural proteins like Collagen may also occur in this situation are still unknown. Early research generate contrasting findings. Tretinoin cause a substantial improvement of SD from a variety of causes in 15 to 16 participants, according to an observational research by Elson.^[26] more recently, 22 individual with early (erythematous) SD from a variety of causes, including pregnancy, applied a stronger concentrations of Tretinoin cream (01%) or a vehicle overnight in a double blind, randomised controlled research by Kang et al.^[27]

- Cocoa butter – studies indicate that the common vitamin E and cocoa butter combination is ineffective for SG severity reduction. Theobroma cocoa is a tree from which cocoa Beans, a type of natural fat, are produced.

It frequently include vitamin E oil. To stop the development of SG, some medical professionals advise applying topical cocoa butter before, during and after pregnancy.^[28]

- Olive oil – According to studies, olive oil is ineffective for SG prevention or SG severity reduction. Olive oil is frequently used to prevent SG. Olive oil has moisturizing qualities and is high in vitamin E.^[29] participants were randomly assigned to receive no therapy at 18 to 20 weeks of gestation or two daily application of olive oil to the belly without massaging them for eight weeks. Although there was a statistically insignificant difference between the incidence of SG in the intervention group (63% or 23,35), the author came to conclusion that starting olive oil in the second trimester did not stop the onset of SG.

CONCLUSION

The various alternative approaches that are accessible are proof that stretch marks prevention and treatment remain clinical challenges. Stretch marks treatment that use non- ablative fractional lasers, in particular laser with a wavelength of 1540 nm intriguing. There aren't many effective ways to stop SG during pregnancy. There is dearth of data from rigorous, high quality, well designed, randomised controlled studies with sufficient subject numbers for compounds that may prevent new onset SG or lessen its severity.

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